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ORIGINAL ARTICLE.

Strangulated Hernia.

BY J. N. KETCHERSID, HOPE, KAS.

Read before the Annual Meeting of the Kansas Medical Society, May, 1895.

Considering the rapidity with which gangrene often takes place in strangulated hernia, we cannot be too deeply impressed with the danger of spending valuable time in the trial of methods of inferior efficacy. There is probably no affection attacking our race that is such a menace to life as strangulated hernia; there is certainly none that becomes so fearfully aggravated by delay. That valuable lives have been lost by delaying herniotomy is proven by hundreds of unfortunate examples.

With all our boasted modern improvements in surgery the mortality of operations on strangulated hernia is very little less than twenty-five years ago.

Why should not operations upon hernia keep abreast with the advance of other branches of our art?

Every practical surgeon knows that the operation of herniotomy is almost absolutely without danger. If properly performed not more dangerous than an exploratory incision.

It is ice bags, poultices, opium and delay that are keeping up the fearful fatality in this affection. Although we have been taught by a host of the best authorities that delay is dangerous, there are still practitioners all over the country who look upon herniotomy as a recourse that should be resorted to only after the patient has spent hours of intense suffering or his physical condition is such that "something must be done."

The time to operate upon hernia is when a diagnosis of strangulation has been made.

The patient's consent having been obtained for a cutting operation, should taxis fail, an anesthetic is immediately given and a firm, but gentle, effort at taxis begun. Provided the bowel has not been long strangulated, and no inflammatory condition is present, we may persist in our efforts until we satisfy ourselves that we cannot accomplish a reduction—using, say, from ten to fifteen minutes. If the tumor has become tender and an inflammatory condition—which rapidly ensues in these cases—is present, I believe taxis should be employed with caution and not longer than five or ten minutes. If a bowel has actually been strangulated twelve hours, gangrene may be present. When there is any doubt about the condition of the intestine, give the patient the benefit of the doubt and do a cutting operation.

Close the operation by an attempt to effect a radical cure.

I do not believe that opium and external applications have any place in the treatment of hernia, except in the relief of pain in cases of unavoidable delay. They have been the cause of hundreds of deaths by encouraging postponement of a simple operation that will give immediate relief if done in time.

Birkett says: "We have had to operate on many whose chances of life were absolutely sacrificed by inexcusable delay."

Dr. M. Price, in discussing a paper before the Philadelphia Obstetrical society, remarks: "What on earth they expect from it (opium) I cannot see. There is not the slightest shadow of doubt in my mind that it never has done any good since it first ad-

vocacy—by whom I do not know, and I do not want to know, because I consider he has placed thousands in their graves by hiding symptoms of strangulation."

May 2, 1874, about 8 A.M., I was summoned to see B. T., aged 64, previous health good. He had been suffering all night with great pain and vomiting. Had strangulated inguinal hernia of right side. The hernial tumor was large, tense and inflamed. Having administered chloroform I tried to relieve the patient by taxis, but failing, requested that another physician be sent for. I elevated the hips, gave a hypodermic of morphine and placed warm fomentations over the hernia.

At 4 P.M. I visited the patient with my consultant, a man of several years experience and extensive reputation. Taxis was again tried, resulting in failure. I now insisted on an immediate operation to relieve the strangulation and save the man's life, but my counsel objected, and proposed continuing the opium and hot fomentations till morning, which would be time enough to operate providing a reduction was not accomplished.

I returned the next morning (May 3) and found my patient in a dying condition, pulse quick, irregular, weak and intermittent; breathing shallow, and abdominal swelling greatly increased. Pain had ceased, but very restless, face pale and anxious, and voice hollow; tongue and mouth dry, the breath cold, and the smell of the patient cadaverous. Hernial tumor increased in size, hard, and dusky red. Patient died at 11 A.M.

This is the finale to the majority of cases of socalled conservative surgery. There are but two ways to do anything: one is right and the other wrong. The term conservatism is too often used to cover ignorance or cowardice, either of which is an injury to true surgery.

At 1 A.M., April 6, 1891, I was called to see Mrs. D., aged 40, mother of six children, previous health good, strangulated inguinal hernia on right side. Patient was suffering intensely, temperature elevated, pulse rapid, hernial tumor red and very tense.

Patient stated that while returning from a neighbor's house on the evening previous her "rupture slipped" under her truss and gave her considerable pain. As soon as she came home she went to bed and made an effort to reduce it, as she had done on similar occasions before. Failing in her efforts and rapidly becoming worse, I was sent for as above stated. I at once anesthetised the patient and made an effort to reduce the hernia by taxis, but failed. I elevated the pelvis and gave a hypodermic of morphine to relieve the intense suffering and ordered hot fomentations until my return. I went back to my office (a distance of seven miles) and prepared to operate. I procured assistance, and was ready at 8 A.M.

By this time the abdomen was considerably swollen, pulse small and rapid, patient suffering less, but very restless. After anesthesia I made a second ineffectual attempt at reduction. I then cut into the sac and about nine inches of ileum, and a considerable portion of omentum rolled out. The intestine was black, easily torn, covered with ash colored spots of sphacelation and having putrescent odor. The omentum was darkly congested but not gangrenous; having been irreducible and adhesions having formed before the strangulation, it received its blood supply from the walls of the sac.

The patient being very weak and not being able to determine the extent of the gangrene, I divided the constriction and dressed the wound with moist iodoform gauze and made my patient as comfortable as possible.

The bowel rapidly broke down and an artificial anus was formed. Under opium, quinia and whisky the patient rapidly gained strength notwithstanding her pitiable condition.

On April 9, two days after the herniotomy, I broke up the adhesions of the omentum, ligated and excised it, and returned the stump. Removed ten inches of gangrenous ileum, made an end to end anastomosis and returned it. I packed the wound with iodoform gauze and put the patient to bed.

The cut healed rapidly by granulation. Patient made an uninterrupted recovery and is cured of her hernia.

This case illustrates the value of time and the importance of always being prepared to do a cutting operation when summoned to a case of strangulated hernia. If I had been prepared to operate during my first visit I would probably have averted the great danger of gangrene, and the necessity of subjecting my patient to an enterectomy.

It also shows the rapidity with which gangrene sometimes occurs and the dangers of taxis even as early as twelve hours.

Besides the above case I have performed six herniotomies. Of my seven cases four were men, two women, and one a child six years old. All recovered.

I have said nothing about methods relating to taxis and the operation of herniotomy. They are so familiar to all it would be out of place to mention them.

My object in writing this paper is to impress the fact that in strangulated hernia we have a dangerous condition that can be relieved by a simple operation that is not dangerous.

That the custom of prolongated taxis, ice bags and hot fomentations is always dangerous; for every hour that elapses carries the subject of a strangulated hernia nearer and nearer to his grave.

The Dark Side of Surgical Technique.

National Popular Review.

Professor George S. Shields, of San Francisco, read a timely paper before a late meeting of the California Academy of Medicine, calling attention to the reproach that asepticism is liable to bring upon true surgery and upon our fin de siecle snrgeons. There is at present a tendency to ignore the fact that a combination of anatomist and trained hospital attendant does not by any means constitute all there is of a surgeon. The science and practice of surgery is giving way as a study to simple operative technique. One man will attend a few operations upon the abdomen in a New York, Philadelphia, or Baltimore school, watch the best masters, and, after having carefully rehearsed the technique, fall into the error of believing he has learned all there is of surgery, and that all he requires to render him a success is a series of laparotomies, over which he will gloat with the delight of an Indian brave over a string of scalps; the desire for a rounding out of a "series" often leading such a one to entirely overlook the individual necessities or the nature of the case, which is then theatrically operated upon to its detriment and to the prostitution of surgery. As observed by Prof. Shiels, more pathology and diagnosis should precede the superabundance of technique.

The Germ Theory.

Times and Register.

Galliard relates a case under his care in which a large suppurating cyst of the liver was opened and drained. The liver, examined microscopically, was found to contain hooklets and pneumococci, without any other microbe. The patient was not then suffering, nor had he ever suffered, from pneumonia.

We always have supposed the germ theorists believed that suppuration could only take place under the influence of staphylococcus pyogenus or special pus-producing germ. Here we have a germ existing in a suppurating cyst of the liver, which has no relation to suppuration in the general sense, inasmuch as resolution may take place in pneumonia without suppuration. Does this not illustrate our position in relation to germs, that they exist only because favorable media are developed?

It is said that Dr. Fraker, the alleged insurance swindler, hopes to practice medicine again at his old location. It would doubtless pay him better to go on the stage.

It is entirely out of style now to have less than twenty cases of diphtheria.

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Topeka, Kansas, Saturday, Oct. 5, 1895.

Medicine and Politics.

It is hard to reconcile devotion to scientific pursuits with the delusive attractions of the political world. The interests of medicine often demand the exercise of that political sagacity only acquired by the long experience of a statesman, and seldom recognized as one of the qualities of the political doctor. It is a question if the interests of medicine have not suffered more than they have gained by the efforts of that much lauded personage.

Such medical legislation as has been secured has been the result of public demand, and cannot be credited to the efforts of the medical politician. The physician who is noted as a politician seldom commands much respect as a physician, and as an ultimatum he must desert either medicine or politics entirely. Therefore "political doctors" are, as a rule, short lived, for if they become physicians the adjective will not apply.

There are always a certain number of public positions to be filled by medical men, and these men are usually selected by political preference. A few such positions, requiring much executive ability and special experience or training, are filled by men particularly adapted to that line of work.

It is in the scramble for the minor offices that the political doctor is born. We find several classes in this scramble: the young man who hopes by notoriety of a public position to ingratiate himself with the people and thus accomplish what otherwise would require years of application and a test of ability; the old physician who by misfortune or incompetency finds himself compelled to seek other means for gaining a livlihood; and last the man who makes a specialty of public positions, who believes the public owes him a living and must furnish him employment—the full grown political doctor. The taste for public office once acquired soon becomes a disease, possibly a mania, and unfortunately their delusion, their importance to the public welfare, never changes. Occasionally a good man who has been thus afflicted reforms, and if he applies himself, with the acquaintance he has formed, soon discovers what he has lost. Of the incurable case we can only say he has mistaken his vocation, he lacks the energy to work out his own destiny, or he is incompetent to compete with his brothers in the profession.

Neurotic Element in Consumption.

In a paper entitled "The Neurotic Element in Pulmonary Consumption," by Thos. J. Mays, published in a previous issue, the writer traces a well-known connection between phthisis and nervous diseases occurring in the same person or in his ancestry;

but bases their pathological connection solely upon defective innervation.

He says: "Defective innervation in all probability led to malnutrition and predisposed to tuberculous condition.

While this theory will explain some cases, we believe the connection is broader than defective innervation alone. By predisposition to disease we mean vulnerability of tissue—that certain cell groups have deficient powers of resisting injuries A blow upon a muscle and upon the eye produces widely different results because of their different powers of vital resistance.

Now the vital properties of the living cell depend upon the three processes of innervation, circulation and respiration, the interruption of either of which interferes with the vital activities of the cell. It is highly probable that in most of the cases in which constitutional neuroses and phthisis are coincident, the connection is not pathological —not direct and necessary, but remote and accidental—the result of deficient pulmonary expansion from indolent habits of breathing.

The remote alveoli not being well inflated from lack of development or deficient action of the respiratory muscles, there ensues deficient aeration and accumulation of dead epithelium and debris, constituting a fertile soil for the tubercle bacillus.

And the same reasoning applies whether the defective habit originated in the individual or in his ancestors We desire to emphasize the fact that most of our socalled heredity is only habit—bad habits of thinking, eating, drinking, breathing, living. That the man who had an epileptic father or tuberculous mother is not eternally damned! Predisposition is not predestination.

But by changing ancestral habit—developing weak anatomical structure—seeking new environment—he may throw off his ancestral yoke, and "by taking thought add a cubit to his stature." J. B. C.

THE Yale chair is the best in the market today, and we have one for sale at a bargain.

The Face as an Index of Disease.

Incomplete closure of the lids showing the whites of the eyes in sleep, means acute or chronic disease of severe type.

It is also present when sleep is unsound from pain.

Dilatation of the alæ nasi means embarrassed breathing from disease of lungs or pleura.

Contracted brows mean pain in the head.

Sharpness of nostrils, pain in the chest.

Drawn upper lip, pain in the abdomen.

As a general rule the upper third of the face is altered in brain affections, the middle third in chest affections, and the lower third in abdominal affections; while the Hippocratic countenance is the precursor of death.

A pale face may mean anæmia, syncope, leucocythemia, dropsy, phthisis.

A red face may point to apoplexy, atropine poisoning, or remittent fever.

A florid face with tuberous nose to alcoholism.

A capillary congestion of the tip of the nose or cheeks, to endarteritis of the aged, or to cirrhosis of the liver or to obstruction of the hepatic circulation.

A creeping red flush, with raised border at the bridge of the nose or nostril, to erysipelas.

The face is dusky red in typhus and typhoid fever.

There is a burning flush on one side often in migraine. It is yellow in jaundice, yellow fever, and remittent (sometimes). Straw colored in pernicious anæmia. Sallow in chlorosis, cancer, especially if secondary deposits have occurred in the gastro-intestinal tract or liver.

It has a bright red spot on the cheek in early pneumonia and phthisis (hectic).

It is blue or ashen in cholera, and the cold stage of pernicious malarial fever (congestive chill.

It is purple or blackish in cyanosis and asphyxia, and bronzed in Addison's disease.

It is puffy about the eyes in Bright's disease.

Swollen and resistant to touch in myxœdema.

The eyes are glaring in exophthalmic goitre; squinting in advanced meningitis; rolling in the collapse of cholera infantum and in convulsions. Are clear and bright in phthisis, and dull and cloudy in low fevers.

They are expressionless in imbecility and general paralysis, and exhibit the "arcus senilis" in old age, and in fatty degeration of heart, liver, and kidneys.

The pupil is contracted in inflammation of retina and brain, in narcotism from opium and eserine, and in apoplexy where the clot is near the pons.

It is dilated in amaurosis, cataract, glaucoma, hydrocephalus, apoplexy, and in narcotism from atropia, duboisia and hydrocyanic acid.

Finally the pupil is inactive, only to light, in early locomotor ataxia.

This is the Argyll-Robertson pupil, and is the result of patient and scientific observation, nowhere excelled in the entire field of diagnosis. J. B. C.

Psoriasis Treated with Oil of Copabia.

New York Medical Journal.

In the *Therapeutic Gazette*, of June 15, Dr. J. Abbott Cantrell says that the use of copabia oil in the treatment of psoriasis has shown such good results in his hands that he wishes to record the following cases, in which other treatment had been employed without the slightest abatement of the trouble until the copabia was used. In the first case the patient, a woman twenty-nine years of age, had always been healthy until the appearance of the psoriasis, which had first attracted attention in her 17th year. The disease had spread rapidly over the entire body, and at the time the author saw her her condition was as follows: The eruption occupied a great portion of the body surface, the lesions being small and large, some of which had been coalesced, making very large areas of affected skin. The lesions ranged in size from that of a pinhead to a patch or two which were about seven inches or more in diameter upon the back and chest, while those upon the abdomen were nearly as large. Those upon the extremities ranged from a pea-sized papule to lesions having a diameter of several inches, the latter of which had coalesced, forming an irregular lesion. All of the lesions were distinct, with abrupt edges, being covered with the characteristic silvery-white or mother-of-pearl imbricated scales. The girl stated, and she was corroborated by her physician, that the disease had had no abatement since it was first noticed, although she had never been without treatment for it. She came under the care of her present physician, and was immediately brought for the author's advice in the matter of treatment.

He found that she had been under almost all forms of treatment, and the arsenic which had been taken had made no alteration in the skin manifestation, he advised her to place herself under strict observation and to take five minims of oil of copabia in capsules three times daily. A good nourishing diet and free accesss to open air exercise were also prescribed. The case passed from his view, although he occasionally heard from the attending physician, and in the latter part of the sixth month of treatment the report was that she had not one lesion present, and, as that was some twelve or fourteen months ago the author feels that the treatment is well worthy of attention.

He thinks it well to make note of the fact that, as there were no distressing symptoms to the girl on account of itching, he did not advise any local measures, simply because she did not wish to be obliged to use ointments if there was a reasonable hope of her getting well without them, as that had been the main treatment which she had been under for the previous years, and she stated it was very disagreeable to her.

In the second case the patient stated that the disease had existed for fifteen years, but that she had been continuously under the care of a physician, and that she had got some relief, but that the disease had never

actually been cured. The eruption was found to occupy the back, the chest, and the head, and lesions were found scattered over the extremities. The lesions were papules as first witnessed, but they soon spread, until, at her visit to the author, he found some of the size of a bank-note, while others had a diameter of seven or eight inches. The woman had always been in good health, and no one in her family had ever had the same condition. Since that time, however, the author has had her younger sister under treatment for the disease. When first seen by him he placed her upon five-minim doses of oil of copabia, with instructions that she was to keep under strict treatment for at least three months, at which time he wished to see her again. She presented herself at the appointed time, when it was found that the condition was decidedly improved; in fact, there were no new lesions present, the old ones were faded in color, there was no scaling, and she was fairly comfortable. He saw her again only a few days before writing the article, and did not find a single lesion present, so that he felt that at last she had received the proper treatment. Her sister had not continued the treatment for more than a month, but all the lesions had disappeared, and there had been no return of them.

Electric Light Bath.

New York Medical Times.

At the last annual meeting of the American Electro-Therapeutic Association, Dr. Kellogg read a paper describing an incandescent electric light or radiant heat bath. The author claims to be the first to construct a bath of this kind. It is made in the form of a cabinet with fifty or sixty incandescent lamps arranged in rows inside, the spaces between the lamps being covered with glass mirrors. Other forms have been constructed for local application. It has already been demonstrated by Siemens and others that the electric light promotes growth in plants, encourages development of chlorophyll, and the setting and ripening of fruits. To determine more exactly its physiological properties upon human beings, and its therapeutic value, Dr. Kellogg has conducted a series of experiments, the results of which he thinks justify the following conclusions: (1) The incandescent electric light bath increases the production of carbon oxide, and hence stimulates tissue metabolism. The amount of increase in a bath of thirty minutes' duration, was nearly 50 per cent. (2) The urea and total chlorides were somewhat diminished by the bath, owing to the greatly increased activity of the skin. (3) Vigorous perspiration was induced at a temperature below that of the body, 82° F., and in half the time required to induce perspiration in a Turkish bath at 106° F. The action of the electric light is entirely independent of the temperature of the surrounding air. (4) The incandescent electric light bath possesses many advantages over the Turkish, Russian, vapor and hot air baths, the chief of which are: The penetrative power of radiant heat, which is far superior to the convective heat of the baths mentioned, the superior stimulating effect upon tissue metabolism; the readiness with which perspiration may be induced when desirable, one to three minutes; the low temperature of the surrounding air, which permits the full effects of the bath; the readiness and accuracy with which the dosage of the application may be regulated; the wide range of application, which admits of the use of the bath for a tonic and sedative, as well as alternative and spoliative effects. (5) The incadescent electric light is superior to the arc light for therapeutic purposes, for the reason that it may be more readily and evenly distributed, and is free from the injurious effects which have been shown to result from too close proximity to the arc light.

M. LOUIS PASTEUR died on September 27. No name has been more prominent in the medical world, and no work of more importance to the world at large than that of Pasteur.

Reopening of the Medical Colleges.

The Times and Register.

After an interval of four or five months' vacation, all our medical colleges again throw open their door to welcome back their former students and those who have decided to take up medicine as a calling and enter for their first time.

Within the past twenty years vast changes have taken place, and a revolution has been wrought, the effects of which will soon be made more obvious than they are at the present time.

Until a comparatively recent date the tide of students eastward from the new States and Territories was a large one; and, while some of those who came with it were gentlemen of high scholarly attainments, the majority were fresh from the cattle ranch, the farm, or the shop, with little or no learning. The teaching faculties cared little provided they brought their cash along with them. It may be said without any exaggeration, that until 1880 one could secure a diploma in nearly any medical college without being able to do more than write his own name. He was given qualification with elaborate parchment, with stately latin text, of which he was as innocent as the new-born babe. It was set forth that he was fully qualified, etc., when, as a matter of fact, in many instances, he had never seen a simple case of labor, and of practical medicine or surgery he knew absolutely nothing. Those were palmy days for our medical colleges, as their stocks yielded better than a gold mine.

Happily, now all this is changed. With few exceptions, every State has its own well-equipped medical college and faculty for thorough teaching. A preliminary, general education, equivalent to the English standard, is demanded, and nothing less than a four years, course is required in all but a few unimportant instances.

The British provinces, which were large feeders to the Eastern Colleges, have raised a barrier against their students coming into the States by raising their standard, so that it has now practically come to pass that each college must chiefly depend on material from its own State. This is as it should be, for there is no good reason why small teaching faculties should not be as capable to train students for the battle of life and for advanced knowledge in medicine as those of mammoth proportions; and, as a matter of fact, many of our most eminent practitioners are graduates of schools little known beyond their own States. With those who intend to study special branches, or qualify as consultants, then, for post graduate instruction, it becomes necessary to visit the great metropolitan centers of America and Europe. We cannot indorse the views of a distinguished physician, who was the orator at one of large annual meetings, who declared we had altogether too many medical colleges, and that instead of organizing weaklings "we should make the strong stronger." We have all along contended that what we need is not so much larger colleges, as better ones. There is no reason why we should not double their number, taking only the precaution to insist on a high standard for admission and State examinations.

Those colleges which boast of classes of from four to eight hundred, cannot possibly do justice to each individual student. After all, the college does not make the man; he must make himself.

The career of medicine offers as many inducements now as it ever did, though those who take it up with a view of a secure and easy living, without incessant toil, the expenditure of enough capital to start on a moderate scale in many lines of trade, a large sacrifice of time in preparation and delay in securing a living income, will be certainly disappointed.

We have a more intelligent public to deal with now; proprietary nostrums and homeopathic remedies are largely purchased by those who dabble in domestic medicine; cheap transportation for dispensaries, club doctors, etc., all combine to make it more and more difficult to eke out a living in the practice of medicine.

Advances in Brain Surgery.

Von Bergmann; reprinted from Jour. Am. Med. Assn.

Von Bergmann alludes quite briefly to the operative treatment of cranial tumors. Surgery can do little enough in the treatment of such affections, in spite of the advances in diagnosis and particularly in the technique of operations. The hope to cure epilepsy, at least Jacksonian, by operation, proved deceptive, and one can now really regard as an object for surgical interference only those cases of cortical epilepsy in which a tumor, for instance a cyst, which may arise not altogether rarely from a trumatic intra-meningeal extravasation, lies in or over one of the circumscribed cortical centers.

Very significant, on the other hand, are the advances in the domain of the surgical treatment of intracranial suppurations, especially the aural abscesses involving the brain, the meninges, and the sinuses. These are relatively rare. Out of 1000 acute and chronic suppurations of the ear, three or four cause death from extension to the meninges, the sinuses, or the brain itself. The chronic processes are particularly dangerous, and especially those arising from masses of cholesteatoma in the inner ear. Those cases are very critical which are marked by acute or subacute outbursts and have an intermittent fetid discharge, and in which at the same time temporary obstructions arise to the discharge of pus, through the growth of polypus-like granulations in the middle ear and the deeper part of the external meatus.

The aural affections of the brain, the meninges, and the sinuses begin, as a rule, at the point where the original suppuration in the temporal bone has pushed up to the vault of the skull. But a main point of aural suppuration is the cochlea. Thence the process spreads in two directions, into the mastoid antrum, and through its roof, the tegmen tympani. The spread of suppuration in the latter direction leads directly to a pachymeningitis, from this to an extradural (epitympanitic) abscess or to an intradural abscess of the brain. Most cerebral abscesses of aural origin lie in the temporal lobes, and so the chief extension is through the small and circumscribed point of exit in the vault of the tympanic cavity. Von Bergmann explains his method of reaching the roof of the tympanum from the cranial cavity by lifting up a parallelogram 2½ ctm. high by 3–6 ctm. wide from the vault of the temporal bone, and shows how one can in this way easily enter the mastoid process, the external meatus, and the sigmoid fossa.

The greatest advance which brain surgery has made in recent years von Bermann sees in the operative treatment of thromboses of the sinuses caused by and associated with suppuration. Most of these are due to the extension of aural affections of the mastoid process to the wall of the sigmoid fossa, and the consequent infection of the adjacent sinus wall. In many cases there is extensive suppuration enveloping the sinus, very often at the same time epitympanal abscess. It was Zanfall's idea to thwart the disastrous results of septic thrombi of the transverse sinus by tying the jugular vein and then opening and clearing out the sinus. The sinus can be reached also from the mastoid process as well as from the cranial cavity after craniectomy at the vault. The latter method von Bergmann describes as the ultimate supplanter of the former. Trombosis of the transverse sinus with the abscesses around the sinus is also the usual connection between middle-ear suppuration and abscess of the cerebellum, the latter generally situated near the sigmoid fossa.

The Direct Cause of Tuberculosis.

Medical Record.

Dr. Gustav Futterer, of Chicago, presented this paper. The history of the disease was given, along with some interesting remarks regarding Koch's work and demonstration of the tubercle-bacillus. The means and ways of infection were detailed, and the probability of danger to the healthy individual fully demonstrated inhalation, food,

drink, direct injection of bacillus into wound, and heredity being the chief means of infection. What can be done to arrest its spread?

1. Early diagnosis.
2. Disinfection by every possible means.
3. Care by the patient.
4. Care by friends and attendants.
5. Personal cleanliness—bathing.
6. Avoid kissing at all times.
7. Teeth and mouth especially clean.
8. Sleep alone.
9. Should not attend public or private gatherings.
10. Be careful of expectoration.
11. Go to special hospitals for treatment.

Scrofulosis and chlorosis were considered in their relation to tuberculosis, and treatment and diet for each dwelt upon at length.

The curability of consumption depends greatly on whether the patient comes early for treatment. The author's treatment is the oil of cloves.

1. A No. 1 gelatine capsule is filled with pure oil of cloves and taken with a glass of milk every two hours from 8 A.M. to 10 P.M.

2. If the oil is tolerated, one capsule should be given every hour.

3. Oil of cloves and cold-pressed olive oil are mixed in equal parts and injected hypodermically, a syringeful once or twice daily.

This is continued for four weeks, stopped for two weeks, and then resumed.

On the Administration of the Salicylates in Acute Rheumatism.

Extracts from a paper read before the Cambridge Medical Society by P. W. Latham, M.A., M.D.

"We have now become so familiar with the successful treatment of acute rheumatism by means of salicylic acid and salicylates, that it may seem somewhat superfluous for me to address you on the subject. But cases have come under my observation in which objections have been taken to the use of these remedies, on the ground either that they disagreed with the patient, producing nausea, vomiting, etc., or that notwithstanding fairly large doses of the drug, the pains have not been relieved, the temperature has not been reduced, or, most serious of all, cardiac or other complications have arisen during the time the patient was taking the remedy, and when, apparently, he was under its influence. Now it is in preventing the development of these complications that, when properly administered, the remedy so strikingly shows its power, truly acting as a distinct specific.

"In my Croonian Lectures in 1886, I spoke, apropos of rheumatism, as follows: 'Here is a disorder which, under different treatment, may exist for weeks, stationary, so to speak, in its intensity, the great heat and nervous and vascular excitement and pain and swelling exactly of the same amount today as they were weeks ago; a disorder which, less than fifty years ago, was said to be often such in itself, and such in its appalling incidents, as to need, from time to time, that medicine should put forth the full compass of all its powers. Every organ, or system of organs, which either directly or indirectly can receive the impression of remedies, are from time to time called to bear all that they can possibly endure; and it is often only when the powers of medicine are pressed even to the verge of destroying life that life is saved.

"'And now, with or without the administration of a purgative, as the occasion requires, the patient is placed fully under the influence of salicylic acid, and in from forty to sixty hours, not unfrequently in a shorter time, the pains in the joints have subsided; the limbs can be freely moved, and the bodily temperature has reached the normal condition. But more than this—and here the remedy shows its signal power—in no case of rheumatism that has come under my care during the last six years, either in hospital or in private practice, has there been developed, where the heart was previously sound, any cardiac complication, such as endocarditis or pericarditis. If this can be maintained and ensured, we have, indeed, in our hands, a most potent remedy. Cardiac complications constitute the chief danger of acute rheumatism, and the danger, if the disease is taken in hand soon enough,

may, with our new remedy, be averted.'

"Eight years further experience has only confirmed what was then stated. I have seen numbers of cases where complications have been developed before the patients came under my care, but I feel strongly that these complications might be prevented, or at least materially lessenced, by earlier and more energetic treatment, and it is for this reason chiefly that I venture to address you today.

"Now what are the conditions to insure success?

"Principally, the true salicylic acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbolic acid, however much it may have been dialysed and purified. An impure acid will very quickly produce symptoms closely resembling delirium tremens.

"The causes of failure with this remedy, so far as I have been able to judge, are:

"1st. Insufficient doses at the commencement.

"2d. The non-administration of a purgative.

"3d. Feeding with substances other than milk, such as beef-tea, broths, etc., especially in the earlier stages.

"As this plan of treatment works prosperously day after day in its immediate effects, so day after day it gives an earnest of the remedial impression it is exercising upon the whole disease. It abates the fever, it softens the pulse, it reduces the swelling, and it lessens the pain. In short, it subdues the vascular system like a bleeding, and pacifies the nervous system like an opiate; and often in the course of a week, the acute rheumatism is gone. In three days, there is often a signal mitigation of all the symptoms; and in a week I have often seen patients, who have been carried helpless into the hospital and shirking at the least jar or touch, or movement of their limbs, risen from their beds, and walking about the ward quite free from pain.

"Now, if in the treatment of acute rheumatism, you were to choose one indication and abide by it, and were to trust one class of remedies and to it only, you would find more cases that admit of a readier cure by the method now described than by either of the two former. You would find the aggregate of morbid actions and sufferings, which constitute the disease, more surely reached and counteracted, and more quickly abolished by medicines operating upon the abdominal viscera only, than by those which influence either the blood vessels only, or the nerves only.

"I would still recommend that the natural salicylic acid, or its salt, should be employed, in preference to the artificial acid, when large doses are administrred. I admit that what are termed the 'physiologically pure' preparations may be as good, but I prefer using the natural products, owing to the complete safety which, with ordinary care, attends their administration. In a paper in the *British Medical Journal* of December 10th, 1881, I first called attention to the danger of using the artificial acid. The impurities then existing in it amounted to as much as 15 per cent. By improved methods of preparing it, in 1884, these impurities were reduced to 5 per cent, and now it is so carefully prepared, that the product is said to be 'physiologically pure.' In the *Pharmaceutical Journal* of November 22d, 1890, you will find a very exhaustive paper by Professor Dunstan, giving an account of these impurities, with a report, also, by Professor Charteris, of the poisonous effects which two of these impurities, viz., orthocresotic acid and para-cresotic acid, have on the animal system. The same journal also contains a report of an interesting discussion on the subject which took place at the Pharmaceutical Society."

THE Kaw Pharmacal Co. have some samples of Guaiacoline that they would like to send you.

THE next meeting of the South Kansas Medical Society will be held at Wichita on the third Tuesday in November.

The Powers of Potentizations.

Western Reserve Medical Journal.

Scene—Lecture-room of a homeopathic (sic!) college not a thousand miles from Cleveland.

Time—Within the last quarter century.

Dramatis Personæ:

Dr. A., Professor of Therapeutics.

Dr. B., Physician in charge of Medical Clinic.

Students.

Dr. A. (lecturing)—"Gentlemen, the case I present this morning is brought in to demonstrate the truth of the fundamental principles of homeopathy.

"This man came to me three months since asking me to remove a great quantity of warts from the back of his right hand. Now you of course know that Thuja Occidentalis is the remedy par excellence for warts, so I prescribed it in 1x potency. At the end of two weeks he had received no benefit and I knew it must be because my potency was too low, so I gave him 10x. Still there was no effect in a couple of weeks more, so I felt I must at once use a higher potency. I put him upon 30x strength of Thuja, and gentlemen, I could notice a change at once. In only a few days the warts were nearly gone and have now, as you see, entirely disappeared. Thus, gentlemen, is once more conclusively demonstrated the truth of Hahnemann's law that drugs increase in power in direct ratio with their potentization." (Prolonged applause from the students at the unanswerable logic of the demonstration.)

Dr. B.—"Professor, your patient has not treated you fairly. About eight weeks ago he came into the dispensary complaining that his warts were no better although he had taken medicine from one of the doctors upstairs for four weeks. So I applied some nitric acid to his warts and burned them off."

(More applause.)

Exit Dr. A.

A New Method for the Detection and Estimation of Sugar in the Urine.

Arthur R. Elliott C.M., M.D., in N. Y. Med. Jour.

Fehling's test for sugar is often unreliable, owing to the effects that uric acid and creatine, which are present in normal urine, have upon it After the administration of chloral hydrate, camphor, and chloroform, glycuronic acid may appear in large quantities and cause faulty reduction of the test.

Another disadvantage of this test is the large quantity of urine necessary for the test.

Dr. Elliott has devised and employed a new method which does away with all misleading results, and one that will no doubt replace Fehling's test for its convenience, stability, and accuracy.

He makes two solutions, designated respectively as No. 1 and No. 2. No. 1 is made up as follows:

Cupric Sulphate (C. P.)	27 gr.
Glycerin, Pure	3 dr.
Distilled Water	2½ dr.
Solution of Potassa	To 4 oz.

The cupric sulphate is dissolved in the glycerin and distilled water, assisted by gentle heat; when cold, the liquor potassae is added and thoroughly mixed.

Solution No. 2 consists of a saturated solution of chemically pure tartaric acid in distilled water.

These solutions are stable and will keep indefinitely.

The directions are to pour into a test-tube a dram of solution No. 1 and gently boil over a spirit-lamp. Then not more than two or three drops of the tartaric-acid solution are to be added and the mixture boiled again. The suspected urine is added drop by drop, boiling and shaking the test-solution between each drop until reduction takes place, or until eight drops of the urine have been used. If there is no change in the addition of this amount of urine, then sugar is absent. When the reaction occurs it is a yellowish or reddish, or may be greenish-gray, deposit of suboxide, which deepens if allowed to stand a while.

When thus applied, this test will detect 1-10 per cent., and if sugar be present to any extent, a single drop of urine will promptly cause a reaction. Three drops will give a decided reduction when 2 grs. to the ounce are present; 1 gr. to the ounce will be detected by four drops of added urine. Never more than eight drops of urine are to be used.

The author makes use of this test for quantitative as well as qualitative estimations of sugar by proceeding as follows: Take 133 minims of No. 1 in a narrow-necked flask, and thereto, let 6 drops of No. 2 and 3 dr. of liquor ammoniae (U. S. P.) be added. Mix thoroughly, and add enough distilled water to raise the total volume of the solution to 2 oz. A fourth of a grain of grape-sugar is represented by the solution in sugar value, the test-solution being decolorized by exactly ¼ gr. of sugar. The number of minims of urine necessary to produce a complete disappearance of the color of the test-solution is noted. Four hundred and eighty, the number of minims in an ounce, is divided by the number of minims required, and the quotient divided by 4, which will give the number of grains of sugar to the ounce.

Another test is as follows: Dilute the urine with three volumns of distilled water; and 480, divided by the number of minims required to decolorize the test, will give the number of grains to the ounce of urine. If the total amount of urine for the twenty-four hours be known, the total excretion of sugar may be easily calculated.

DRUGS which are praised too strongly often fail to attract the attention desired, but it is never considered exaggeration to state facts. We have given our personal attention to several preparations now on the market and can speak with some definiteness as to results. One of the preparations which we have tried faithfully is Guaiacoline prepared by the Kaw Pharmacal Co., of Topeka, Kas. We have prescribed this preparation in a large number of cases during the past two years, and our records show that our patients have been benefited in every instance. In several cases of incipient phthisis we have had the pleasure of seeing complete relief of all the symptoms. As to the permanency of these results we are of course at this time unable to say, but there is apparently a complete cure. In those cases of phthisis where we have prescribed it we have noticed diminished amount of expectoration, relief of sleep sweats, increase of strength and weight. In every case the cough has been improved, and in some cases has entirely disappeared. It is not always palatable at first, but after a few doses the patient finds no difficulty in taking it, and it is digested without fermentation or other disturbance. In several cases we have found digestion very much improved by its use.

Wanted

A physician with $200 cash to purchase stock of drugs at less than invoice. Can secure a fine location within 40 miles of Topeka. No opposition. Address Lock Box 16, Louisville, Kansas.

KANSAS is original, and there can be no dispute of the fact now. In what other State would a diphtheria epidemic have been used for political purposes?

THE Kansas Medical College has ordered a complete new equipment for their chemical laboratory. It will have one of the finest laboratories in the State.

IF any physician wants a set of the Reference Handbook we can refer him to about a hundred physicians who have sets to dispose of.

Prescriptions.

For whooping cough—

℞ Fl. ext. eucalypti ..... ℥ i
Ammon. muriat ..... ℥ i
Ext. glycyrrhizae ..... ℥ i
Glycerini q.s..... ℥ iv

M. Sig.: A teaspoonful every three or four hours.

For uterine pain—

℞ Iodoform..... 5 gme.
Cocaine ..... 1 gme.
Oleic acid ..... 4 gme.
Sterilized vaseline .....100 gme.

M. Saturate a fine aseptic sponge with the mixture and apply to the cervix.

For acid urine—

℞ Sodium bicarbonate ..... ℥ ijss.
Phenyl salicylate.....grs. xv.
Atropine sulph..... gr. 1-30.

M. Ft. capsules No. XXX. Sig.: Two capsules every three hours.

For cough—

℞ Codeine sulph.....gr. xvi.
Ammon. bromid..... ℥ v.
Aquæ..... ℥ ij.
Syrup, q.s..... ℥ iv.

M. Sig.: A teaspoonful two to four times a day.

℞ Codeine sulph.....gr. xvi.
Ammon. bromid..... ℥ v.
Fl. ext. yerba santæ..... ℥ i.
Syrup simp., q.s ..... ℥ vij.

M. Sig.: Two teaspoonfuls two to four times daily.

A heart stimulant—

℞ Tr. Digitalis.....℥ i.
Tr. nucis vomicae .....℥ ij.

M. Sig.: 30 drops in a half glass of water just before eating.

SOME one who is capable and will take the pains to write a book on dosage consistent with modern practice will reap a rich reward.

Responsibility for Untoward Action.

With the characteristic pithy and trenchant utterance which "hews to the line letting the chips fall where they may," and which marks all of his sayings, Dr. Frank Kraft, 57 Bell avenue, Cleveland, Ohio, Professor of Materia Medica Cleveland Medical College, writes: "The professional market seems to be filled with substitutes for the original and ever favorite antikamnia; all warranted to do what the antikamnia has succeeded, by hard work and expenditure of much money, in establishing; all of these nefarious products masking under some name partly modeled after the antikamnia pattern, beginning with an A, and warranted to still pain, etc., etc., are base imitations of antikamnia. They may be, and perhaps are, coal tar products, but they cannot take the place of antikamnia; this was the first product and made a success because of its merit; hence the host of imitators. Insist upon getting the original antikamnia, and caution your druggist that if he practices any substitution you will not only decline further to deal with him, but hold him personally responsible for any untoward action of his substituted remedy."

Case IV.

The Mercer Chemical Co., Omaha, Neb.

Please send me 5 bottles Pill Vita. I deem it necessary to keep a supply on hand. They are the most powerful aphrodisiac I have ever prescribed.

DR. J. A. HARTSON, Ava, N. Y.

Case V.

The Mercer Chemical Co., Omaha, Neb.

I am very favorably impressed with all your formulæ, but especially with Pill Vita. I ordered them for a patient (a married lady) who seemed devoid of any sexual feeling whatever, having no desire for coitus and only submitting from a sense of duty. It gives me pleasure to inform you that two bottles of your Pill Vita have materially changed this condition, and the patient is rapidly gaining in sexual power. Previous to this treatment she had used almost every other aphrodisiac in the market with no effect. Please send one-half dozen bottles and oblige.

S. J. BRIETZ, M.D.,
Hamilton, Ark.